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February 8, 2007

Fax

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Organization: United States Patent and Trademark Office
Fax: 1-571-273-8300

From: Michael O. Scheinberg
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Phone: (512) 476-0005
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Date: February 8, 2007
Subject: Response to Office Action
Attorney Docket No.: C064
Pages: 22 (including this coversheet)

Comments:

APPL. NO.: 10/041,946 ART UNIT: 3628
APPLICANT: James H. Wolfston, Jr. et al. EXAMINER: Ojo O. Oyebisi
FILING DATE: 01/07/2002
TITLE: Coordination of Independent Billing and Liquidity Providers to Facilitate Electronic Payments

In connection with the above-identified patent application, applicants respond as follows:

1. Response to Office Action (16 p.)
2. Fee transmittal (1 p.)(in duplicate)
3. Petition for 2 Month Extension of Time (1 p.)(in duplicate)
4. Form PTO-2038 (1 p.)

Michael O. Scheinberg
Patent Attorney

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250.00

Complete if Known

Application Number	10/041,946
Filing Date	01-07-2002
First Named Inventor	James Wolfston, Jr.
Examiner Name	Ojo O. Oyebisi
Art Unit	3692
Attorney Docket No.	C064

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

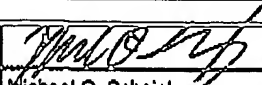
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): Petition for 2 Months Extension of Time		225.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,919	Telephone (512) 476-0005
Name (Print/Type)	Michael O. Scheinberg	Date 02/08/2007	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-08)

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HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = <u>0</u> x <u>200</u> = <u>0</u>		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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Fees Paid (\$)

225.00

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Signature	<u>Michael O. Scheinberg</u>	Registration No. (Attorney/Agent) 36,919	Telephone (512) 476-0005
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